When this form is completely filled out use Preventive Medicine Services Code: 99383—New Patient (age 5 yr.) 99393—Established patient (ages 5)

5 Y EPSDT Screening Date	2 0 0 Member ID #	
Five Year Preventive Vis	it and Kindergarten (Check-up
Name	Birth Date	Historian
Age Allergies	Medic	ations
Weightlbs Length	inches BP	T R C
History Update Changes in family history? No Yes	Physical Exam (UNCLOTHED General Head	Yes No) = nl X = abnl
FH heart disease < 55 No Yes FH ↑ cholesterol No Yes Has the patient had any new problems or illnesses since the last visit? No Yes	Neck Eyes Red reflex Alignment Ears Nose Throat/Mouth/Teeth	
Problems / Parental Concerns	Lungs	
Nutrition Appetite: good variable picky Water: city well spring bottled WIC: Yes No Hearing/Speech Problems with speech? yes no	Female Male Testes Extremities Gait Spine Skin Neuro	
L near 20/ far 20/	Booster seat > 40 #, < 70 #	Impression ☐ Well Child, normal growth and developmen
Muscle balance pass fail Developmental Screen* normal abnormal Lead Risk Factors* yes no TR Risk Factors*	☐ Water safety, swimming lessons☐ Firearm safety☐ Outdoor safety supervision	Plan/Referrals Immunizations current yes no DTaP, IPV, MMR Vaccine Information Sheet
Lab Tests Hgb	 □ Brush teeth, see dentist □ Encourage active play Social/Behavioral □ Give choices, encourage independence □ Praise good behavior 	☐ Five year handout sheet ☐ See dentist ☐ RTC at years ☐
Cholesterol Urinalysis (required at age five) see back	 □ TV limits, read with child □ Questions about sex □ Pre-school, school readiness □ Friends and playmates 	M.D. / P.N. See back for additional documentation
see separate tom	Provider ID#	